

VA Office of Inspector General

OFFICE OF AUDITS AND EVALUATIONS



Veterans Health Administration

*Safety, Security, and Privacy
for Female Veterans
at a Chicago, IL Homeless
Grant Provider Facility*

September 6, 2011
11-00334-267

To Report Suspected Wrongdoing in VA Programs and Operations:

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Date: September 6, 2011

From: Assistant Inspector General for Audits and Evaluations (52)

Subj: VHA Safety, Security, and Privacy Issues for Female Veterans at a Chicago, IL Homeless Provider Facility

To: Under Secretary for Health (10)

We are providing this memorandum to advise of serious female veteran housing safety, security, and privacy issues discovered during on-going audit work that require immediate Veterans Health Administration management attention. These issues emerged while we were conducting our national audit on VA's Homeless Providers Grant and Per Diem Program (GPDP) to determine if community agencies receiving funds are providing services to homeless veterans as described in their approved proposal. We expect to discuss these issues in our final report.

During a site visit at the Jesse Brown VA Medical Center (VAMC), we determined that since FY 2002, the VAMC's GPDP staff placed 22 homeless females in a GPDP male-only approved provider facility without adequately addressing the safety, security, and privacy needs of female veterans. In 1996, VA officials approved the GPDP's proposal to provide 15 beds of transitional housing for a male-only population; however, GPDP staff have placed homeless female veterans in this facility for nearly a decade. When our auditors questioned why, GPDP staff said they had not read the approved GPDP proposal and were unaware of its contents. Although VAMC and provider staff clinically assessed many of these female veterans to have experienced sexual trauma and domestic violence, GPDP staff took little action to mitigate the safety, security, and privacy risks of the female veterans that were the program's responsibility.

The GPDP provides transitional housing for homeless veterans through partnerships with non-profit or local government agencies. The term "GPDP provider" refers to the non-profit or government agency that VA funds to offer services to homeless veterans. VA is responsible for ensuring the provider's operations meet VA inspection standards and that the program offers the services described in the original proposal or as modified through program scope changes. However, VA has no authority to manage the provider's program.

During our site visit to the GPDP provider's facility, we found 2 of the current 14 residents were homeless female veterans. One female resided at the facility for approximately 1 month and was located on the same floor as seven males. We identified unacceptable conditions such as male and female residents sharing a

common bathroom on that floor. While the door had a lock, auditors found it easy to use a credit card to open the door from the outside. The second female veteran who was a resident for approximately 2 months was located on the first floor, which serves as a common area for the residents. During her initial clinical assessment, VAMC and provider staff noted she had been a victim of sexual trauma and domestic violence. Without mitigating the safety, security, and privacy risks of this housing situation, the VAMC placed these female residents in an inappropriate environment.



Shared Bathroom at Provider
Facility

Clinical assessment documents were available for 10 of 22 female veterans who had resided at the facility since FY 2002. According to these assessments, 7 (70 percent) of the 10 female veterans had reported experiencing sexual trauma and/or domestic violence. We also reviewed the clinical assessments of the 10 male veterans discharged during the period of July through December 2010. All 10 male veterans had drug and alcohol problems and 7 had been diagnosed with psychiatric issues. Additionally, four had criminal histories, such as assault and attempted homicide. Housing female veterans with male veterans with these types of clinical assessments and experiences creates an increased need to ensure the security of the facility's female residents.

The provider facility has a history of high staff turnover and documented instances of unprofessional staff behavior. Since 2008, this GPDP provider replaced three resident managers. Within the past year, the provider also has substantiated an allegation of sexual harassment of two female residents by facility staff. The GPDP staff offered to transfer the female veterans to a provider that accepted homeless females, but the female veterans declined the offer and continued to reside at the male-only facility. VAMC officials informed the GPDP Office of the sexual harassment allegation, but the Program Office did not question why females were in a male-only facility. Later in 2011, residents of the facility alleged a female staff member was having an inappropriate relationship with a male veteran resident. The provider substantiated the allegation and the staff member resigned. These instances of unprofessional behavior indicate that the VHA needs to increase monitoring of the provider.

We reviewed the last three annual inspections of the facility and did not find any comments on female veterans residing in the male-only facility. According to VHA policy, GPDP staff are required to inspect each provider at least annually. These inspections include such areas as facilities management, clinical review, security, and nutrition. VHA bases their inspections upon the unique provider services outlined in the approved proposal.

Without understanding the contents of the approved proposal, the VAMC's inspectors are not safeguarding the health and welfare of the homeless veterans they are responsible for protecting. For example, two of the last three annual inspections state

that the VAMC coordinated with the provider to conduct comprehensive risk assessments of the facility. We could find no evidence that these risk assessments were completed. The VAMC should have identified housing female and male residents without proper safeguards, such as separate floors, as a risk. As a result, VA placed homeless female veterans in inappropriate housing conditions. This occurred in spite of female veterans' reports of experiencing sexual trauma and domestic violence prior to placement in this facility.

After we discussed this issue with senior VAMC officials on June 28, 2011, they met with the provider and the two women veterans the next day. VAMC officials arranged for the women to move immediately to a non-VA funded facility that provided services to homeless females. VAMC officials told us that the women wanted to stay in the provider facility over the weekend. They would move to the new facility on July 5, 2011. The VAMC officials agreed, with the condition that per diem payments stop immediately. The provider agreed to house the females without per diem.

In conclusion, the VAMC's placement of homeless females in a male-only approved provider facility creates a potential risk for female veterans. The GPDP provider management issues related to turnover of staff and professionalism increase this risk. While we have identified these issues at only one facility, the seriousness of the issue supports a need for VHA to perform a nationwide assessment to identify other inappropriate housing situations placing veterans at risk under the grant program.

Consequently, we recommend the following:

1. We recommend the Under Secretary for Health institute management controls at Jesse Brown VA Medical Center to ensure that VA's Homeless Providers Grant and Per Diem Program staff understand the contents and requirements of approved provider proposals.
2. We recommend the Under Secretary for Health conduct a review of VA's Homeless Providers Grant and Per Diem policies and procedures at Jesse Brown VA Medical Center and make program changes deemed appropriate.
3. We recommend the Under Secretary for Health inventory active grant proposals nationally and verify that VA's Homeless Providers Grant and Per Diem Program staff do not house female homeless veterans in male-only approved provider facilities or other inappropriate housing situations.
4. We recommend the Under Secretary for Health relocate female homeless veterans found in male-only approved provider facilities or other inappropriate housing situations to ensure safe and secure housing appropriate for veterans.

The Under Secretary for Health concurred with our findings and recommendations and provided an acceptable action plan to complete all corrective actions by

November 30, 2011. We consider the planned actions acceptable and will follow up on their implementation.

In immediate response to this memorandum, the Under Secretary for Health directed the VISN 12 Network Director to conduct a review of the service line responsibilities for the GPD Program at Jesse Brown VAMC and this has been completed.

The draft to this report also prompted VHA to review their GPD policies and processes, including conducting a nationwide assessment to identify how they can make certain they are providing the most appropriate services to veterans in GPD-funded housing.

In addition, Under Secretary for Health advised that the National GPD Program Office is conducting an inventory to ascertain the gender-mix identified in each funded grant proposal, the gender-mix being served at the GPD funded facility, and the appropriateness of the scope of services available relative to the populations currently served. Any housing situations which are assessed as being disadvantageous to the care and/or privacy, safety and security of the veteran will be immediately addressed and resolved.

A full text of the Under Secretary's comments are at Attachment A.



BELINDA J. FINN

Appendix A Under Secretary for Health Comments

Department of Veterans Affairs

Memorandum

Date: August 19, 2011
From: Under Secretary for Health (10)
Subj: OIG Flash Report, Veterans Health Administration, Safety, Security, and Privacy for Female Veterans at a Homeless Grant Program Provider Facility
To: Assistant Inspector General for Health Care Inspections (54)

1. I have reviewed the flash report and concur with the report findings and recommendations.
2. Ensuring that management of facilities supported by Veterans Health Administration (VHA) Grant and Per Diem (GPD) funds has effective safety and security precautions in place is imperative. Leadership at Veterans Integrated Service Networks (VISN) and Department of Veterans Affairs Medical Centers (VAMC) must diligently execute their oversight responsibilities to ensure safe and secure appropriate housing for homeless Veterans who use these services. This report has prompted us to review our policies and processes, including a nationwide assessment to identify how we can make certain that we are doing our best to ensure the appropriateness of services and the privacy, safety, and security of all Veterans in GPD funded housing. The OIG report points out where improvement was needed in an individual situation, which has been addressed. Now, we are working on the attached action plan to improve our processes throughout the system.
3. It is important to note that, while the report describes the particular GPD facility as being approved for a gender-specific population, current policy in general does not require that GPD-funded projects be approved or disapproved based on the intent to serve gender-specific population. Rather, to provide flexibility and address the needs of Veterans in general, the policy requires that facilities must provide appropriate housing situations with safety and security provisions. To accomplish this, an applicant for GPD funding self-identifies in each proposal the capacity to serve a specific population mix. Veterans are then referred or self-referred to GPD funded projects. The current policy requires the host VAMC to approve each placement either prior to admission or within 3 days after admission. The appropriateness of the facility and the services for a particular Veteran is assessed at that time. This assessment would include an evaluation of safety and security precautions specific to the gender of the particular Veteran, as well as the mix of the individuals in the facility.

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4. VHA takes the report and our internal reviews of the appropriateness of facilities seriously. VHA values the safety and well-being of all Veterans who receive health care in VA facilities and services provided to homeless Veterans by our GPD community partners. VHA will thoroughly review current practices in our GPD program and identify opportunities for improvement.
5. Thank you for the opportunity to review the draft report. The attached action plan provides specifics. If you have any questions, please contact Linda H. Lutes, Director, Management Review Service, 10A4A4) at (202) 461-7014.



Robert A. Petzel, M.D.

Attachment

VETERANS HEALTH ADMINISTRATION (VHA)

Action Plan

OIG Flash Report, Veterans Health Administration, Safety, Security, and Privacy for Female Veterans at a Homeless Grant Program Provider Facility (VAIQ 7138601)

Date of Flash Report: July 22, 2011

Recommendations/ Actions	Status	Completion Date
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Recommendation 1: We recommend that the Under Secretary for Health institute management controls at Jesse Brown VA Medical Center to ensure that VA's Homeless Providers Grant and Per Diem Program staff understand the contents and requirements of approved provider proposals.

Concur

The Under Secretary for Health (USH) directed the Veterans Integrated Service Network (VISN) 12 Network Director to conduct a management review of the Jesse Brown VA Medical Center (VAMC) Grant and Per Diem (GPD) Program and provide a written report of actions taken to ensure staff understand the content and requirements of the provider proposal and consider these elements when placing Veterans in a GPD funded project.

As of July 1, 2011, VISN 12 had ensured that the GPD Liaisons, Facility Homeless Program Coordinator, Chief of Social Work, and Chief of Staff, in conjunction with the VISN 12 Homeless Program Director and VISN 12 Mental Health Lead reviewed all current GPD funded proposals in detail. All funded proposals were read thoroughly and reviewed with an emphasis on the scope of practice within each proposal.

Effective July 27, 2011, VHA Handbook 1162.01, Grant and Per Diem Program, was reviewed with all Jesse Brown VAMC GPD staff with an emphasis on monitoring the care provided and assessing the compliance of programs receiving per diem as outlined in the funded grant proposals. This review resulted in the VAMC staff recommending that two of the three GPD providers submit a change of scope request to the National GPD Office. The National GPD Office in Tampa reviewed the requests. The National GPD Office approved the change of scope request for one agency and denied the request for the other.

As of August 1, 2011, the Chief of Social Work will have the sole responsibility for program oversight of the GPD Program at Jesse Brown VAMC which includes supervision of the GPD staff. In the past, the responsibility of the program oversight and supervision was shared between Social Work and the Mental Health Service Lines. Changing the program oversight structure will provide a clear line of authority over the GPD program and ensure clear and consistent communication. The National GPD Program Office has emphasized the need for all GPD Liaisons to review their programs' scope of services provided and population mix to ensure the appropriateness of services and the privacy, safety, and security of all Veterans. GPD Liaisons were instructed to pay particular attention to those sites that serve mixed-gender populations.

Completed

July 25, 2011

Recommendation 2: We recommend the Under Secretary for Health conduct a review of VA's Homeless Providers Grant and Per Diem policies and procedures at Jesse Brown VA Medical Center and make program changes deemed appropriate.

Concur

The USH directed the VISN 12 Network Director to conduct a review of the service line responsibilities for the GPD Program. This has been completed.

As of August 1, 2011, the Chief of Social Work will have the sole responsibility for program oversight of the GPD Program at Jesse Brown VAMC which includes supervision of the GPD staff. In the past, the responsibility of the program oversight and supervision was shared between Social Work and the Mental Health Service Lines. Changing the program oversight structure will provide a clear line of authority over the local GPD program and ensure clear and consistent communication.

The Jesse Brown VAMC GPD Liaisons are now expected to complete a minimum of at least monthly visits to every resident beginning August 1, 2011, to participate in each Veteran's treatment planning process, and to document these services in the Veteran's medical record.

Beginning August 10, 2011, incidents of any non-compliance will be reported at least monthly to the Jesse Brown VAMC Director. Non-compliance is defined as any GPD inspection deficiency regarding the overall quality of services provided by the GPD program. The Jesse Brown VAMC Director will monitor actions to correct deficiencies per VHA Handbook 1162.01.

A re-inspection of all Jesse Brown VAMC GPD programs will be completed by September 30, 2011. Inspection reports will be reviewed and follow up actions for any deficiencies will be monitored by Jesse Brown VAMC Director.

In process

September 30, 2011

Recommendation 3: We recommend the Under Secretary for Health inventory active grant proposals nationally and verify that VA's Homeless Providers Grant and Per Diem Program staff do not house female homeless veterans in male-only approved provider facilities or other appropriate housing situations.

Concur

To address the specific concern about housing female homeless Veterans in GPD-funded facilities, the National GPD Program Office is conducting an inventory to ascertain the:

- Gender-mix identified in each funded grant proposal
- Gender-mix being served at the GPD funded facility
- Appropriateness of the scope of services available relative to the populations currently served

The National GPD Program Office will compile and review the results of the inventory. The National GPD Program Office will consult with VAMCs about any identified concerns and work with community providers to adjust housing arrangements as needed, to ensure the safety, security, and privacy of all Veterans. The VHA National Homeless Program Office will ensure that appropriate actions are implemented.

In process

November 30, 2011

In addition, the National GPD Program Office has also taken the following steps:

- Distributed a message to all GPD Liaisons nationwide requesting that they review their programs' scope of services and population mix to ensure appropriateness of services provided and the privacy, safety and security of all Veterans. They were requested to pay particular attention to those sites that serve mixed-gender populations.

Completed

July 25, 2011

- Provided guidance regarding these issues on nationwide calls and face-to-face trainings with VA liaisons and community-based providers.

Completed

July 26, 2011

- Drafted and distributed written guidance and clear program expectations to all GPD Liaisons regarding the special considerations that should be given to transitional housing facilities which serve mixed-gender populations where unrelated adults are cohabitating in the same facility. Additionally, the materials discussed the sensitivity regarding the appropriateness of placements for all populations.

Completed

August 5, 2011

Recommendation 4: We recommend the Under Secretary for Health relocate female homeless veterans found in male-only approved provider facilities or other inappropriate housing situations to ensure safe and secure housing appropriate for veterans.

Concur

The National GPD Program Office is conducting an inventory to ascertain the gender-mix identified in each funded grant proposal, gender-mix being served at the GPD funded facility, appropriateness of the scope of services available relative to the populations currently served. Any housing situations which are assessed as being disadvantageous to the care and/or privacy, safety and security of the Veteran will be immediately addressed and resolved.

In process

November 30, 2011

Veterans Health Administration

August 2011

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